

NJ USE Patient Acct# _____ Date Rec'd _____
ONLY NJ Acc. # _____ NJ Hosp # _____

For NJ Use Only
(Place NJ Label Here)

To avoid delay in processing your specimen/culture, please fully complete the requisition!

Patient Last Name: _____ First: _____ D.O.B. ____/____/____ Sex: ☐ M ☐ F

Patient's street address: _____ City: _____ ST _____ Zip: _____

Physician Name (print): _____ Phone: (____) _____

Physician Specialty: _____ Physician UPIN # _____ Physician Tax ID # _____

Bill to Facility (name): _____

Street address: _____ Phone: (____) _____

City: _____ State: _____ ZIP: _____ Fax: (____) _____

To Bill Medicare/Colorado Medicaid: (We only bill Colorado Medicaid. We **do not** bill out of state Medicaid.)

Medicare/Medicaid #: _____ Soc. Sec. #: _____ Phone: (____) _____

ICD-9 Code(s) (Must be provided. See reverse side) _____

Report to: Name of facility, physician, etc. **To ensure reporting, this entire section must be completed.**

Name: _____ P (____) _____ F (____) _____

Street address: _____ City _____ ST _____ Zip _____

Specimen: Source: _____ Medium Submitted: _____ Date Submitted: _____

Collect Date: _____ Collect Time:(Raw Spec) _____ Your Spec. #: _____

Procedures Requested:

1. Culture Isolation from sputum, blood, or other raw specimens.

- ☐ 1a. Conventional method + rapid Bactec isolation (AFB smear included)
☐ 1b. Quantitation on agar plates of CFU/ml in blood + rapid Bactec isolation

2. Mycobacterial Identification

- ☐ 2a. Nucleic Acid Amplification direct test with a raw specimen (for *M. tuberculosis* only). *Bloody specimens unacceptable.* Min. vol 1.0 ml
☐ 2b. Species identification (including HPLC, Gen Probe, DNA sequencing, Biochemical tests)
☐ **with orders for drug susceptibility testing** (check box in Section 3) / ☐ **without orders for drug susceptibility testing**
☐ 2c. Differentiation between *M. avium* and *M. intracellulare* by Gen Probe technique

3. Susceptibility Procedures - NOTE: If you request tests in this category only, please indicate organism's ID. If ID is NOT given, we will identify species with appropriate charges. The choice of susceptibility tests is dependent on the ID. Your identification of the organism:

- ☐ * 3a. Agar proportion test: 10 drugs in 7H11 agar plates (direct or indirect) ☐ to include PZA for an additional charge
☐ * 3b. Agar proportion test: 6 drugs in 7H11 agar plates (second line drug) ☐ to include PZA for an additional charge
☐ * 3c. Agar proportion test: 4 drugs in 7H11 agar plates (INH, EMB, SM, RM) ☐ to include PZA for an additional charge
☐ 3d. Rapid (Bactec) qualitative test of 4 drugs (INH, EMB, SM, RM) for *M. tuberculosis* only
☐ 3e. Radiometric (Bactec) PZA susceptibility test for *M. tuberculosis* only
☐ 3f. Radiometric MIC determination, each drug. Drugs: _____
☐ 3g. MICs of 8 drugs + combination (not recommended for *M. tuberculosis*)
☐ 3h. MICs of 12 drugs + combination (not recommended for *M. tuberculosis*)
☐ 3i. Microtiter MIC of 14 drugs for Rapidly growing Mycobacteria.
☐ 3j. Microtiter MIC of 14 drugs for Nocardia and aerobic Actinomycetes other than Mycobacteria.
☐ 3k. Microtiter MIC of 19 drugs for Rapidly growing Mycobacteria and aerobic Actinomycetes.
☐ 3l. Microtiter of 19 drugs for Rapidly growing Mycobacteria and aerobic Actinomycetes. **(for animal patients only)**
☐ Do Appropriate Susceptibilities

*** Not recommended for *Mycobacterium avium* complex.**

Comments: _____

By signing this requisition the client acknowledges to National Jewish Medical and Research Center that client is solely responsible for adopting and implementing appropriate policies and practices, including safeguards, so that the location, access and use of the fax machine complies with all applicable HIPAA (Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160-64) regulations. Client may revoke this authorization or change the fax number only by giving National Jewish Clinical Laboratories at least five (5) days prior written notice by fax number 303-270-2125

Submitted by: (print name) _____ Date: _____

Signature: _____ ☐ Please send more forms

PULMONARY/ASTHMA/ALLERGY				GENERAL MEDICINE			
517.3	Acute chest syndrome	493.81	Exercise induced bronchospasm	789.00	Abdominal pain	573.3	Hepatitis, unspec.
518.81	Acute Respiratory Failure	784.49	Hoarseness	285.9	Anemia, unspec.	070.9	Hepatitis, viral
496	Airway obstruction, chronic, COPD	515	ILD, chronic	300.00	Anxiety state, unspec.	070.1	Hepatitis, type A
995.2	Allergy, drug	487.1	Influenza w/other respiratory manifestations	440.9	Arteriosclerosis/Atherosclerosis, general	070.30	Hepatitis, type B
693.1	Allergy, food					245.42	Hypercalcemia
995.3	Allergy, unspec.	487.0	Influenza w/Pneumonia	429.2	Arteriosclerotic, Cardiovascular Disease - ASCVD	272.0	Hypercholesterolemia, pure
277.6	Alpha-1 Antitrypsin deficiency	516.3	Idiopathic fibrosing alveolitis			276.7	Hyperkalemia
995.0	Anaphylaxis	710.0,517.8	Lupus, Lung Involvement	414.00	Arteriosclerotic Heart Disease-ASHD	276.8	Hypokalemia, potassium deficiency
995.1	Angioneurotic edema	460	Nasopharyngitis/Rhinitis, acute (common cold)			272.4	Hyperlipidemia
786.03	Apnea			724.5	Backache, unspec.	252.0	Hyperparathyroidism
501	Asbestosis	472.2	Nasopharyngitis, chronic	530.85	Barrett's esophagus	401.9	Hypertension, essential unspec.
117.3	Aspergillosis	382.9	Otitis media, unspec.	312.9	Behavioral problem, child	402.90	Hypertensive Heart Disease
493.00	Asthma extrinsic w/o SA	472.1	Pharyngitis, chronic	427.9	Cardiac Dysrhythmia, unspec.	242.90	Hyperthyroidism
493.10	Asthma intrinsic w/o SA	511.9	Pleural Effusion, unspec.	380.4	Cerumen (was in ears)	272.1	Hypertriglyceridemia, essential
493.01	Asthma extrinsic w/SA	511.0	Pleurisy	786.50	Chest pain	790.6	Hyperuricemia
493.11	Asthma intrinsic w/SA	486	Pneumonia, organism unspec.	428.0	Congestive Heart Failure	275.41	Hypocalcemia
493.02	Asthma, extrinsic w/ acute exac.	480.9	Pneumonia, viral, unspec	571.5	Cirrhosis, liver non-alcoholic	251.2	Hypoglycemia
493.12	Asthma, intrinsic w/ acute exac.	495.9	Pneumonitis hypersensitivity	286.9	Coagulopathy-coagulation defects	244.9	Hypothyroidism
493.92	Asthma, unspec. w/ acute exac	515	Post inflammatory pulmonary fibrosis			252.1	Hypoparathyroidism
493.90	Asthma, unspec			372.00	Conjunctivitis, acute	458.9	Hypotension, NOS
503	Berylliosis	415.19	Pulmonary Embolism	414.00	Coronary Artery Disease (CAD)	590.9	Kidney infection
494.0	Bronchiectasis w/o AC Exac	416.0	Pulmonary hypertension, primary	276.5	Dehydration	573.9	Liver disease
494.1	Bronchiectasis with AC Exac	514	Pulmonary congestion/edema	311	Depressive disorder	787.01	Nausea & vomiting
466.19	Bronchiolitis, acute	786.00	Respiratory abnormality, unspec.	250.00	Diabetes mellitus, adult non-insulin	V15.81	Noncompliance w/medical treatment
490	Bronchitis	786.09	Respiratory distress	250.01	Diabetes mellitus, juvenile, insulin dependent	278.00	Obesity
466.0	Bronchitis, acute	477.9	Rhinitis, allergic			729.5	Pain, limb
491.20	Bronchitis, chronic, obstruction	472.0	Rhinitis, chronic	250.02	Diabetes mellitus, adult, non-insulin uncontrolled	602.9	Prostate disorder, unspec.
491.9	Bronchitis, chronic	135	Sarcoidosis	250.03	Diabetes mellitus, juvenile, insulin dependent, uncontrolled	593.9	Renal Disease, NOS
519.1	Bronchospasm	786.05	Shortness of breath			593.9	Renal Insufficiency
786.04	Cheyne-Stokes	461.9	Sinusitis, acute, unspec.	787.91	Diarrhea	519.8	Respiratory infection, unspec.
415.0	Cor Pulmonale, acute	473.9	Sinusitis, chronic, unspec.	009.2	Diarrhea, infectious	782.1	Rash
491.0	Cough, smokers	995.2/	Steroid side effects	V58.69	Drug therapy	848.9	Sprain/strain, unspec.
493.81	Cour variant asthma	E932.0		276.9	Electrolyte imbalance	536.8	Stomach pain
786.2	Cough, unspec., chronic	786.1	Stridor	780.79	Fatigue & malaise	780.2	Syncope & Collapse
277.00	Cystic Fibrosis w/o meconiumillius	786.06	Tachypnea	780.6	Fever, unknown origin	246.9	Thyroid disease
277.02	Cystic Fibrosis w/pulmonary manifestations	974.1	Theophylline toxicity			305.1	Tobacco dependence
		465.9	Upper Resp. Infec., acute, unspec.	487.1	Flu, influenza	530.20	Ulcer of esophagus w/out bleeding
277.03	Cystic Fibrosis w/GI manifestations	708.9	Urticaria (hives), unspec.	487.0	Flu, influenza w/pneumonia	530.21	Ulcer of esophagus with bleeding
277.09	Cystic Firosis w/other manifestations	708.0	Urticaria, allergic	535.00	Gastritis, acute	599.0	Urinary tract infection
492.8	Emphysema	786.07	Wheezing	535.50	Gastritis, unspec.	447.6	Vasculitis
IMMUNOLOGY				530.81	Gastroesophageal reflux	079.99	Viral infection, unspec.
042	HIV disease (AIDS)	053.9	Herpes zoster	578.9	G.I. Bleeding	783.1	Weight gain, excessive
112.3	Candidiasis, nails/skin	279.06	Hypogammaglobulinemia: acquired primary	783.43	Growth Delay/Short Stature	783.21	Weight loss, abnormal
112.0	Candidiasis, oral			784.0	Headache		
112.9	Candidiasis, unspec. site	279.00	Hypogammaglobulinemia, unspec	346.90	Headache, migraine		
780.71	Chronic Fatigue Syndrome	279.3	Immunity deficiency, unspec.				
114.0	Coccidioidomycosis, primary pulmonary	279.2	Immunity deficiency, combined (SCID)				
114.9	Coccidioidomycosis, unspec.	279.01	IgA immunodeficiency	720.0	Ankylosing Spondylitis	729.2	Neuralgia, unspec.
075	Epstein-Barr Virus	279.03	IgG deficiency	195.79	Antiphospholipid Antibody Syndrome	795.79	Nonspecific Immunological abnormality
259.9	Endocrine disorder, unspec.	279.02	IgM immunodeficiency	719.40	Arthralgia	730.20	Osteomyelitis, unspec.
288.1	Granulomatous disease, chronic	279.05	IgM increased immunodeficiency	716.90	Arthritis/Arthropathy, unspec	733.00	Osteoporosis
054.9	Herpes simplex	136.9	Infectious & parasitic diseases, unspec.	711.90	Arthritis, infective (acute, chronic, subacute)	446.0	Polyarthritis, nodosa
TUBERCULOSIS				714.30	Arthritis, juvenile rheumatoid (chronic or unspec.)	716.50	Polyarthropathy, unspec.
031.0	Pulmonary Mycobacteria, all species	031.2	Disseminated Mycobacterial, all species			725	Polymyalgia Rheumatica
031.1	Cutaneous Mycobacteria, all species	031.8	Other specified Mycobacteria	696.0	Arthritis, psoriatic	710.4	Polymyositis
		011.90	Pulmonary TB/MDRTB	711.00	Arthritis, pyogenic	275.49	Pseudogout
	Extrapulmonary TB		Site	714.0	Arthritis, rheumatoid	443.0	Raynauds Syndrome
OCCUPATIONAL MEDICINE				727.3	Bursitis	337.20	Reflex Sympathetic Dystrophy
989.82	Allergy, latex	511.0	Pleural thickening/plaques	717.7	Chondromalacia of patella	099.3	Reiter's Syndrome
162.9	Bronchogenic carcinoma, primary	502	Silicosis	715.90	Degenerative Joint Disease/Osteoarthritis	390	Rheumatic Fever
500	Coal Workers Pneumoconiosis	478.5	Vocal cord diseases			729.0	Rheumatism, unspec.
162.9	Malignant Mesothelioma, lung			710.3	Dermatomyositis	710.0	Systemic lupus erythematosus
				729.1	Fibromyalgia	710.1	Scleroderma
				274.9	Gout	710.2	Sjogren's Syndrome
				781.99	Growing pains	720.9	Spondylopathy, inflammatory
				728.5	Hypermobility syndrome	727.00	Synovitis
				695.4	Lupus, discoid	726.90	Tendonitis
				277.9	Metabolic Bone Disease	727.00	Tenosynovitis
				710.9	Mixed Connective Tissue Disease	287.5	Thrombocytopenic
				359.9	Myopathy, unspec.	708.9	Urticaria, unspec. (hives)
				723.1	Neck pain		

Culture isolation from sputum, blood, or other raw specimens	CPT Codes	Price
1a. Conventional method + rapid Bactec isolation (AFB smear included)	87015 + 87206 + 87116	\$62.00
1b. Quantitation on agar plate of CFU/ml in blood – rapid Bactec Isolation	87552	\$62.00
Mycobacterial Identification	CPT Codes	Price
2a. Nucleic Acid Amplification direct test with a raw specimen (for <i>M. tuberculosis</i> only)	87556	\$160.50
2b. Species identification (including HPLC, Gen Probe, DNA sequencing, Biochemical tests) With orders for drug susceptibility testing. (See price list below)	87143	\$59.50
With out orders for drug susceptibility testing.	87143	\$93.30
2c. Differentiation between <i>M. avium</i> and <i>M. intracellulare</i> by Gen Probe technique	87149	\$52.70
Susceptibility Procedures	CPT Codes	Price
3a. Conventional Test: 10 drugs in 7H11 agar plates (direct or indirect) Drugs tested: isoniazid, rifampin, ethambutol, ethionamide, streptomycin, amikacin, kanamycin, capreomycin, cycloserine, PAS	87190 x 10	\$96.34
3b. Conventional Test: 6 drugs in 7H11 agar plates (second line drugs) Drugs tested: ethionamide, amikacin, kanamycin, capreomycin, cycloserine, and PAS	87190 x 6	\$48.18
3c. Conventional Test: 4 drugs in 7H11 agar plates (INH, EMB, SM, RM) Drugs tested: isoniazid, streptomycin, rifampin, ethambutol	87190 x 4	\$48.16
3d. Rapid (Bactec) qualitative test of 4 drugs (INH, EMB, SM, RM) for <i>M. tuberculosis</i> only Drugs tested: isoniazid, streptomycin, rifampin, ethambutol	87188 x 4	\$94.16
3e. Rapid (Bactec) PZA susceptibility test for <i>M. tuberculosis</i> only	87188 x 1	\$46.85
3f. Radiometric MIC determination, each drug	87188	\$35.85
3g. MIC's of 8 drugs + combination (not recommended for <i>M. tuberculosis</i>) Drugs tested: amikacin, ciprofloxacin, clofazimine, clarithromycin, ethambutol, rifabutin, rifampin, and streptomycin Drugs in combination: rifampin + ethambutol	87188 x 8	\$269.60
3h. MIC's of 12 drugs + combination (not recommended for <i>M. tuberculosis</i>) Drugs tested: 8 drug package plus cycloserine, ethionamide, kanamycin, and moxifloxacin Drugs in combination: rifampin + ethambutol	87188 x 12	\$389.44
3i. Microtiter MIC's of 14 drugs for rapidly growing Mycobacteria Drugs tested: amikacin, kanamycin, imipenem, doxycycline, ciprofloxacin, tobramycin, ceftioxin, trimethoprim/sulfa, linezolid, augmentin, azithromycin, clarithromycin, gatifloxacin, and moxifloxacin	87186 x 14	\$169.12
3j. Microtiter MIC's of 14 drugs for Nocardia and aerobic Actinomycetes other than Mycobacteria Drugs tested: amikacin, kanamycin, tobramycin, gentamycin, ceftriaxone, cefepime, cefotaxime, imipenem, minocycline, ciprofloxacin, clarithromycin, azithromycin, trimethoprim/sulfa, augmentin	87186 x 14	\$169.12
3k. Microtiter MIC's of 19 drugs for rapidly growing Mycobacteria and Actinomycetes Drugs tested: 14 drugs for Rapid Growers plus gentamycin, ceftriaxone, cefepime, cefotaxime, minocycline	87186 x 19	\$229.52
3l. Microtiter of 19 drugs for rapidly growing Mycobacteria and Actinomycetes (for animal patients only) Drugs tested: same as 3k		\$105.95

Laboratory Director: Leonid Heifets, M.D.

For consultation about patient treatment or referral to our out-patient or in-patient services call 303.398.1353

For serum levels of anti-tuberculosis drugs call 303.398.1925 (Pharmacokinetics Lab)

For laboratory results and reports call 303.398.1339

To submit a specimen or culture:

1. Complete a Requisition Form
2. Select the procedures: For a raw specimen submitted for culture isolation (sec 1), order identification (sec. 2) **and** susceptibility tests (sec. 3) as well.